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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 769347

(6)

THE FLORIDA GOLD COAST CHAPTER, RETIRED OFFICERS ASSOCIATION, INC.

Mailing Address Principa! Place of Business 1545 MATARO AVE. 1545 MATARO AVE. CORAL GABLES FL 33146-9420 CORAL GABLES FL 33146-9420 3a. Date of Last Report 01/31/1995 3. Date Incorporated or Qualified 07/13/1983 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-2344552 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, $Z_{(r)}$ Zφ Country Yes No 30 **Florida Statutes** 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **BOONE., CAREY** Street Address (P.O. Box Number is Not Acceptable) 1545 MATARO AVE. 83 CORAL GABLES FL 33146-9420 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE [NOTE: Registered Agent signature required when reinstalling) Stocature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addit-on DELETE 1 THE TITLE SHURTLEFF, RODGER W JR 1.2 NAME NAME 1049 CATALONIA AVE 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** 14 CITY - ST - ZIP CITY-ST-ZIP DELETE 2 1 THILE ☐ Addition TITLE WILLIAM D. WRIGHT, SR. 5791 S.W. BSTO ST. SANDS, ROBERT L 2.2 NAME NAME 12381 SW 39TH ST 2.3 STREET ADDRESS STREET ADDRESS South Minner, Fl. 33/43 MIAMI FL 2 4 CITY - ST - ZIP City-St-ZiP Change Addition DELETE 31 TITLE TITLE DONOVAN, GRACE Soove Carey 3.2 NAME NAME 545 MATARO AVE 1430 SW BAYSHORE DR 3.3 STREET ADDRESS STREET ADDRESS CORAL GABLES F1.33146-2420 MIAMI FL 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE CHARIES E. KIUG VALERIANI, NICHOLAS 4.2 NAME NAME 9737 S.W. 134th TER. 1315 E. GLENCOE ST 4.3 STREET ADDRESS STREET ADDRESS MIAMI, F1. 33176 COCONUT GROVE FL 4.4 CITY - ST- ZIP CITY-ST-ZIP ■ Addition DELETE 51 TITLE TITLE BOONE CARE-PEREZ, MANUEL G 5.2 NAME NAME 1545 MATTAROAVE COEAI GABLES FI 901 W 37TH ST 5.3 STREET ADDRESS STREET ADDRESS AI GABLES, Fl. 33146-240 HIALEAH FL 5.4 CITY - ST - ZIP CITY-ST-ZIP Add tion DELETE 61 THLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CHY - S1 - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

61MARCH1996 305.665.559

Daytime Phone #

CR2E037 (12/95)